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|---|---|---|--------------|--|--|--|---------|-------------------------------------|--|--|------|---------|-------|----|---------|--------|-----------|--------------|----------------------|--------------------|--|--|-----------|---|--|--|--|----------|--------|--|--|------|---------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new non-provisional applications under<br/>37 CFR 1.53(b))</small>  |   | <b>Attorney Docket No.</b><br><b>V0028/260265</b>   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <b>First Named Inventor<br/>or Application Identifier</b><br><b>van den NIEUWELAAR</b>  |   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <b>Title</b><br><b>METHOD AND DEVICE FOR PROCESSING A SLAUGHTER ANIMAL</b>  |   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <b>Express Mail Label No.</b><br><b>EL670009590US</b>   |   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents</small>   |   | <b>ADDRESS TO:</b><br><small>Commissioner for Patents<br/>Box Patent Application<br/>Washington, DC 20231</small> |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br/> <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/> <small>See 37 CFR 1.27</small></p> <p>3. <input checked="" type="checkbox"/> Specification      Total Pages <b>63</b><br/> <small>(preferred arrangement as set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] <b>26</b></p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration      [Total Pages] <b>2</b> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (<i>for continuation/divisional with box 17 completed</i>)</li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/> <small>Signed statement attached deleting inventor(s) named in the prior application. See 37 C.F.R. 1.63(d)(2) and 1.33(b).</small></li> </ul> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)       <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p> |   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement    <input type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>)</li> <li>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</li> <li>12. <input type="checkbox"/> Information Disclosure    <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449    Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>)</li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>If foreign priority is claimed</i>)</li> <li>16. <input type="checkbox"/> Other: _____</li> </ul>  |   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input checked="" type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: PCT/NL00/00024, filed 14 January 2000.</p> <p>Prior application information: Examiner _____ Group/Art Unit _____<br/>   For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>   |   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| <p><b>18. CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>23370</b> or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="3">John S. Pratt<br/>KILPATRICK STOCKTON LLP</td> </tr> <tr> <td>Address</td> <td colspan="3">1100 Peachtree Street<br/>Suite 2800</td> </tr> <tr> <td>City</td> <td>Atlanta</td> <td>State</td> <td>GA</td> </tr> <tr> <td>Country</td> <td>U.S.A.</td> <td>Telephone</td> <td>404.815.6500</td> </tr> <tr> <td>Name<br/>(Print/Type)</td> <td colspan="3">Kristin L. Johnson</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Reg. No.</td> <td colspan="2">44,807</td> </tr> <tr> <td></td> <td>Date</td> <td colspan="2">7/12/01</td> </tr> </table>   |   |   | Name         | John S. Pratt<br>KILPATRICK STOCKTON LLP |  |  | Address | 1100 Peachtree Street<br>Suite 2800 |  |  | City | Atlanta | State | GA | Country | U.S.A. | Telephone | 404.815.6500 | Name<br>(Print/Type) | Kristin L. Johnson |  |  | Signature |  |  |  |  | Reg. No. | 44,807 |  |  | Date | 7/12/01 |  |
| Name  | John S. Pratt<br>KILPATRICK STOCKTON LLP  |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| Address   | 1100 Peachtree Street<br>Suite 2800   |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| City  | Atlanta   | State   | GA           |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| Country   | U.S.A.  | Telephone   | 404.815.6500 |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| Name<br>(Print/Type)  | Kristin L. Johnson  |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
| Signature   |  |   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
|   | Reg. No.  | 44,807  |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |
|   | Date  | 7/12/01   |              |  |  |  |         |                                     |  |  |      |         |       |    |         |        |           |              |                      |                    |  |  |           |   |  |  |  |          |        |  |  |      |         |  |

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 2306)

| Complete if Known    |                    |
|----------------------|--------------------|
| Application Number   | not assigned       |
| Filing Date          | July 12, 2001      |
| First Named Inventor | van den NIEUWELAAR |
| Examiner Name        |                    |
| Group / Art Unit     |                    |
| Attorney Docket No.  | V0028/260265       |

| METHOD OF PAYMENT (check one)   |  |                            |            | FEE CALCULATION (continued)  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
|---|--|----------------------------|------------|--|-----------------|-----|------------------------|----------------------------|-----------------------------------|----------------------------|---------------------------------------|-----------------|--|------|--|------------------------|----|-------------------------------------|------------|-----|----|---------|-----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----------------------|--|--|--|---------------------------|--|--|--|---------------------|--|--|--|---|--|--|--|----------------------|--------------|----------------|----------|----|-----|------|------------|----|----|------|------------|--|--|---------|-----|---|--|--|--|----------------------|-----------------|-----|------------------------|-----|-----------------------------------|-----|---------------------------------------|-----|--|-----|--|------------------------|--|--|--|---|--|--|--|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to<br><b>Deposit Account Number:</b> 11-0855   |  |                            |            | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$ 710)</td> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">2. EXTRA CLAIM FEES</td> <td colspan="4"> <table border="1"> <thead> <tr> <th>Entity Fee Code (\$)</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>62</td><td>-20</td><td>= 42</td><td>X 18 = 756</td></tr> <tr><td>13</td><td>-3</td><td>= 10</td><td>X 80 = 800</td></tr> <tr><td></td><td></td><td>X _____</td><td>= 0</td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="4">         Large Entity Fee Code (\$)         <table border="1"> <thead> <tr> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> </td> <td colspan="4">         SUBTOTAL (2) (\$ 1556)       </td> </tr> <tr> <td colspan="4">***or number previously paid, if greater. For Reissues, see above</td> <td colspan="4">*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)</td> </tr> </tbody> </table> |                 |     |                        | Large Entity Fee Code (\$) | Fee (\$)                          | Small Entity Fee Code (\$) | Fee (\$)                              | Fee Description | Fee Paid   | 105  | 130  | 205                    | 65 | Surcharge - late filing fee or oath |            | 127 | 50 | 227     | 25  | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 130 | 123 | 130 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | SUBTOTAL (1) (\$ 710) |  |  |  | Other fee (specify) _____ |  |  |  | 2. EXTRA CLAIM FEES |  |  |  | <table border="1"> <thead> <tr> <th>Entity Fee Code (\$)</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>62</td><td>-20</td><td>= 42</td><td>X 18 = 756</td></tr> <tr><td>13</td><td>-3</td><td>= 10</td><td>X 80 = 800</td></tr> <tr><td></td><td></td><td>X _____</td><td>= 0</td></tr> </tbody> </table> |  |  |  | Entity Fee Code (\$) | Extra Claims | Fee from below | Fee Paid | 62 | -20 | = 42 | X 18 = 756 | 13 | -3 | = 10 | X 80 = 800 |  |  | X _____ | = 0 | Large Entity Fee Code (\$) <table border="1"> <thead> <tr> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |  |  |  | Entity Fee Code (\$) | Fee Description | 103 | Claims in excess of 20 | 102 | Independent claims in excess of 3 | 104 | Multiple dependent claim, if not paid | 109 | ** Reissue independent claims over original patent | 110 | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$ 1556) |  |  |  | ***or number previously paid, if greater. For Reissues, see above |  |  |  | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40) |  |  |  |
| Large Entity Fee Code (\$)  | Fee (\$)   | Small Entity Fee Code (\$) | Fee (\$)   | Fee Description  | Fee Paid        |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 105   | 130  | 205                        | 65         | Surcharge - late filing fee or oath  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 127   | 50   | 227                        | 25         | Surcharge - late provisional filing fee or cover sheet   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 139   | 130  | 139                        | 130        | Non-English specification  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 147   | 2,520  | 147                        | 2,520      | For filing a request for reexamination   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 112   | 920*   | 112                        | 920*       | Requesting publication of SIR prior to Examiner action   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 113   | 1,840*   | 113                        | 1,840*     | Requesting publication of SIR after Examiner action  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 115   | 110  | 215                        | 55         | Extension for reply within first month   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 116   | 390  | 216                        | 195        | Extension for reply within second month  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 117   | 890  | 217                        | 445        | Extension for reply within third month   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 118   | 1,390  | 218                        | 695        | Extension for reply within fourth month  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 128   | 1,890  | 228                        | 945        | Extension for reply within fifth month   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 119   | 310  | 219                        | 155        | Notice of Appeal   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 120   | 310  | 220                        | 155        | Filing a brief in support of an appeal   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 121   | 270  | 221                        | 135        | Request for oral hearing   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 138   | 1,510  | 138                        | 1,510      | Petition to institute a public use proceeding  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 140   | 110  | 240                        | 55         | Petition to revive – unavoidable   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 141   | 1,240  | 241                        | 620        | Petition to revive – unintentional   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 142   | 1,240  | 242                        | 620        | Utility issue fee (or reissue)   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 143   | 440  | 243                        | 220        | Design issue fee   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 144   | 600  | 244                        | 300        | Plant issue fee  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 122   | 130  | 122                        | 130        | Petitions to the Commissioner  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 123   | 130  | 123                        | 130        | Petitions related to provisional applications  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 126   | 180  | 126                        | 180        | Submission of Information Disclosure Stmt  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 581   | 40   | 581                        | 40         | Recording each patent assignment per property (times number of properties)   | 40              |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 146   | 710  | 246                        | 355        | Filing a submission after final rejection (37 CFR § 1.129(a))  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 149   | 710  | 249                        | 355        | For each additional invention to be examined (37 CFR § 1.129(b))   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 179   | 710  | 279                        | 355        | Request for Continued Examination (RCE)  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 169   | 900  | 169                        | 900        | Request for expedited examination of a design application  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| SUBTOTAL (1) (\$ 710)   |  |                            |            | Other fee (specify) _____  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES   |  |                            |            | <table border="1"> <thead> <tr> <th>Entity Fee Code (\$)</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>62</td><td>-20</td><td>= 42</td><td>X 18 = 756</td></tr> <tr><td>13</td><td>-3</td><td>= 10</td><td>X 80 = 800</td></tr> <tr><td></td><td></td><td>X _____</td><td>= 0</td></tr> </tbody> </table>  |                 |     |                        | Entity Fee Code (\$)       | Extra Claims                      | Fee from below             | Fee Paid                              | 62              | -20  | = 42 | X 18 = 756   | 13                     | -3 | = 10                                | X 80 = 800 |     |    | X _____ | = 0 |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| Entity Fee Code (\$)  | Extra Claims   | Fee from below             | Fee Paid   |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 62  | -20  | = 42                       | X 18 = 756 |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 13  | -3   | = 10                       | X 80 = 800 |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
|   |  | X _____                    | = 0        |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$) <table border="1"> <thead> <tr> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |  |                            |            | Entity Fee Code (\$)   | Fee Description | 103 | Claims in excess of 20 | 102                        | Independent claims in excess of 3 | 104                        | Multiple dependent claim, if not paid | 109             | ** Reissue independent claims over original patent | 110  | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$ 1556) |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| Entity Fee Code (\$)  | Fee Description  |                            |            |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 103   | Claims in excess of 20                                     |                            |            |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 102   | Independent claims in excess of 3                          |                            |            |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 104   | Multiple dependent claim, if not paid                      |                            |            |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 109   | ** Reissue independent claims over original patent         |                            |            |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| 110   | ** Reissue claims in excess of 20 and over original patent |                            |            |  |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |
| ***or number previously paid, if greater. For Reissues, see above   |  |                            |            | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)   |                 |     |                        |                            |                                   |                            |                                       |                 |  |      |  |                        |    |                                     |            |     |    |         |     |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |     |     |     |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                       |  |  |  |                           |  |  |  |                     |  |  |  |   |  |  |  |                      |              |                |          |    |     |      |            |    |    |      |            |  |  |         |     |   |  |  |  |                      |                 |     |                        |     |                                   |     |                                       |     |  |     |  |                        |  |  |  |   |  |  |  |  |  |  |  |

| SUBMITTED BY      |                    |                                  |        |           |               | Complete if applicable |
|-------------------|--------------------|----------------------------------|--------|-----------|---------------|------------------------|
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| Signature         |                    |                                  |        | Date      | July 12, 2001 |                        |

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## IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicants: Adrianus Josephes van den NIEUWELAAR

U.S. Application No.: not yet assigned

Filed: July 12, 2001

Attorney Docket No.: V0028/260265

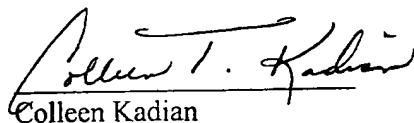
For: METHOD AND DEVICE FOR  
PROCESSING A SLAUGHTER ANIMAL

BOX PATENT APPLICATION

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## CERTIFICATE OF MAILING (37 CFR 1.10)

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Colleen Kadian

Date: July 12, 2001